

216686

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class E Certification from  
Kevin J. Cobbs DBA Big Truck 4 Hire, LLC

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2009 - 189 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Kevin J. Cobbs

Telephone: 843-496-9577

Address: 407 S. McQueen St.

Fax: 866-619-3986

Florence, SC 29501

Other:

Email: kc2003ck@hotmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate Increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input checked="" type="checkbox"/> Application - Class E Household Goods   | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JBS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: \_\_\_\_\_

- ☐ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to request reinstatement or amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application  
☐ Amended Scope of Authority

Current Scope:  
(list counties) \_\_\_\_\_

Amended Scope:  
(list counties) \_\_\_\_\_

- ☐ Reinstatement of Authority

My Certificate of Public Convenience and Necessity Number is \_\_\_\_\_. My certificate was revoked/  
cancelled on \_\_\_\_\_ because \_\_\_\_\_.

I am seeking reinstatement because \_\_\_\_\_  
\_\_\_\_\_

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Big Truck 4 Hire, LLC

407 S. McQueen St. Florence, SC 29501

Street Address of Applicant

PO Box 7387 Florence, SC 29502

Mailing Address of Applicant if different from street address

843-496-9577

Phone

1-866-619-3986

FAX

kc2003ck@hotmail.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☒ Partnership - List names and address of all person having an interest in the business.
- ☐ Corporation - List names and addresses of two principal officers.

Kendra Cobbs (spouse): 407 S. McQueen St. Florence, SC 29501

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4. Applicant proposes to operate service as follows: (Check one.)

- ☒ Intrastate Only      ☐ Interstate Only      ☐ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes      ☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes      ☒ No

*If yes, list dates and nature of convictions below.*

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7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? ( Check one.)

- ☐ Yes      ☒ No

*If yes, list dates and nature of revocations below.*

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STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

NOV 12 2008

AMENDED ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The Limited Liability Company amends its articles of organization in accordance with Section 33-44-204 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the Limited Liability Company is Van Full of Junk, LLC.
2. The date the articles of organization were filed is 6/22/07.
3. The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization.  
Name change to: Big Truck 4 Hire, LLC  
Agent address change to: 407 S. McQueen St. Florence, SC 29501
4. Please attach additional amendments if space is needed.

Date 11/10/08

*Kevin Cobbs*  
Signature  
Kevin Cobbs / Owner Operator  
Name/ Capacity

FILING INSTRUCTIONS

1. If management of the Limited Liability Company is vested in managers, a manager shall execute these amended articles of organization. If management of the Limited Liability Company is reserved to the members, a member shall execute these amended articles of organization. Specify whether a member or manager is executing these amended articles of organization.
2. File two copies of this form, the original and either a duplicate original or a conformed copy.
3. This form must be accompanied by the filing fee of \$110.00, payable to the Secretary of State.

Return to: Secretary of State  
PO Box 11350  
Columbia SC 29211

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

081113-0001

FILED: 11/12/2008

BIG TRUCK 4 HIRE, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:  
 Month April Year 2009

### **Assets:**

Cash	<b>\$6000</b>
Receivables	<b>\$2275 p/m</b>
Real Estate	<b>\$33,000</b>
Buildings and Equipment (Net)	<b>\$2878</b>
Motor Vehicles (Net)	<b>\$12,000</b>
Garage Equipment (Net)	<b>0</b>
Machinery and Tools (Net)	<b>0</b>
Supplies on Hand	<b>100</b>
Prepays and Other Assets	<b>0</b>
<b>Total Assets</b>	<b>\$56,253</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	<b>\$574</b>
Notes Payable	<b>0</b>
Mortgages Payable	<b>\$391</b>
Equipment Obligations	<b>0</b>
Accrued Salaries and Wages	<b>0</b>
Other Accrued Obligations	<b>0</b>
Other Liabilities	<b>0</b>
<b>Total Liabilities</b>	<b>\$965</b>
Capital Stock	<b>N/A</b>
Retained Earnings	<b>N/A</b>
<b>Total Equity</b>	<b>N/A</b>
<b>Total Liabilities and Equity</b>	<b>\$965</b>

## **PROPOSED RATES AND CHARGES FOR SERVICE**

Proposed Rates and Charges for Service are as follows:

1/4 load of truck (200 cubic feet) =\$35

1/2 load of truck (400 cubic feet) =\$60

3/4 load of truck (600 cubic feet) =\$80

Fully loaded truck (800 cubic feet) =\$95

Mileage is an additional \$.85 per mile

All prices include use of electric lift gate, hand and furniture dollies, furniture and shoulder straps, hand tools, furniture covers, and cargo insurance. Customer will conduct the loading and unloading of their own goods. Charges are for use of truck space, equipment, and driving from Point A to Point B only. Owner/Operator is providing a service, not physically touching the customers' belongings.

## **COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED**

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

Florence, Darlington, Marion, Lee, Sumter, Clarendon, Dillon, and Horry.

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Number of seats if passenger carrier or tonnage if freight carrier.

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

**The following insurance quote is for:**

Big Truck 4 Hire, LLC

Name of Motor Carrier

PO Box 7387 Florence, SC 29502

### Address of Motor Carrier

**Amount of Premium:**

Liability Insurance \$ 1891.00

Cargo Insurance \$ 848.<sup>00</sup>

General liability 400.00

\* Attach Certificate of Insurance if available.

See attached

**Limits Quoted (See Below:)**

Limits 300,000 CSL comm vehicle

Limits 25,000

Limits 1,000,000

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

4/29/09  
Date

Somera & Marti

**Authorized Insurance Company Representative's Signature**

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
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<b>Vehicle liability for vehicles 10,000 lbs. or more GVWR</b>	<b>\$ 750,000</b>
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Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
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For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000
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# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/29/2009

## PRODUCER

FOSTER INSURANCE AGENCY, INC  
901 WEST EVANS ST  
PO BOX 5328  
FLORENCE, SC 29501-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: AMERICAN SOUTHERN

INSURER B: GMAC INSURANCE

INSURER C:

INSURER D:

INSURER E:

## INSURED

BIG TRUCK 4 HIRE LLC  
PO BOX 7387  
FLORENCE, SC 29502-

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC	GL45076	12/02/2008	12/03/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	SCC-7892439	12/03/2008	12/03/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> NO If yes, describe under SPECIAL PROVISIONS below				WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
F	<b>OTHER</b>	FC100/070074	12/3/2008	12/3/2009	CARGO 25,000 CARGO

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

SELF - MOVING COMPANY

## CERTIFICATE HOLDER

PUBLIC SERVICE COMMISSION  
DOCKETING DEPT  
PO DRAWER 11649  
COLUMBIA, SC 29211-

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

# CERTIFICATE OF LIABILITY INSURANCE

04/29/2009

FOSTER INSURANCE AGENCY, INC  
901 WEST EVANS ST  
PO BOX 5328  
FLORENCE, SC 29501-

### INSURERS AFFORDING COVERAGE

NAIC #

BIG TRUCK 4 HIRE LLC  
PO BOX 7387  
FLORENCE, SC 29502-

INSURER A: AMERICAN SOUTHERN

INSURER B: GMAC INSURANCE

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b>	GL45076	12/02/2008	12/03/2009	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 1,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS - COMPROP AGG	\$ 1,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
B		<b>AUTOMOBILE LIABILITY</b>	SCC-7892439	12/03/2008	12/03/2009	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000
		<input type="checkbox"/> ANY AUTO					
		<input type="checkbox"/> ALL OWNED AUTOS					
		<input checked="" type="checkbox"/> SCHEDULED AUTOS					
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO					
		<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					
		If yes, describe under SPECIAL PROVISIONS below					
		<b>NO</b>					
F		<b>OTHER</b>	FC100/070074	12/3/2008	12/3/2009	CARGO	25,000
						CARGO	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

SELF - MOVING COMPANY

**CERTIFICATE HOLDER**

OFFICE OF REGULATORY STAFF  
TRANSPORTATION DEPT  
1401 MAIN ST SUITE 900  
COLUMBIA, SC 29201-

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE**

AUTHORIZED REPRESENTATIVE  
 Samley Maltz  
 © ACORD CORP.

**Exhibit FWA**

Big Truck 4 Hire, LLC  
Name

N/A  
U.S.D.O.T No.

N/A  
ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

SWORN TO BEFORE ME  
This 6<sup>th</sup> day of May, 2009

Willie R. [Signature]  
Notary Public

Commission Expires 14 August 2017

[Signature]  
Applicant's Signature

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Florence

[Signature] for Big Truck for Hire, LLC  
Applicant's Signature

I, Kevin J. Cobbs, Owner / Operator  
Name of Applicant's Representative Title

of Big Truck 4 Hire, LLC,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

[Signature]  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 6<sup>th</sup> day of May, 2009

Willie R. Day  
Notary Public

Commission Expires 14 August 2017